S/N 10/529,401 PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

LUDLOW ET AL.

Examiner:

S. GETZOW

Serial No.:

10/529,401

Group Art Unit:

3762

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Confirmation No.:

6746

Customer No.:

23552

Title:

METHODS AND DEVICES FOR INTRAMUSCULAR

STIMULATION OF UPPER AIRWAY AND SWALLOWING

MUSCLE GROUPS

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (37 C.F.R. § 1.97(b))

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

## Dear Sir:

With regard to the above-identified application, the items of information listed on the enclosed Form 1449 are brought to the attention of the Examiner.

This statement should be considered because it is submitted before the mailing of a first Office Action after the filing of a Request for Continued Examination under 37 C.F.R. § 1.114 or a CPA under 37 C.F.R. § 1.53(d). Accordingly, no fee is due for consideration of the items listed on the enclosed Form 1449.

In accordance with 37 C.F.R. §1.98(a)(2), a copy of each foreign patent and/or a copy of each publication, other than U.S. patents and U.S. patent application publications, listed on the accompanying Form 1449 is enclosed.

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

Please charge any additional fees or credit any overpayment to Deposit Account No. 13-2725.

Respectfully submitted,

MERCHANT & GOULD P.C. P.O. Box 2903 Minneapolis, Minnesota 55402-0903 (612) 332-5300

Date: Juhnay 20, 2009

Katherine M. Kowalchyk

**R**€g. No. 36,848

KMK:kf

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